

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA**

In re:

CH-11 CIRCUIT CITY STORES, INC

("the Debtors")

Chapter 11

Case No. 08-35653

Claim. No.:79

**NOTICE OF TRANSFER OF CLAIM PURSUANT TO F.R.B.P. RULE 3001 (E)(2) FOR FILED
CREDITOR, FCMA, LLC, IN THE AMOUNT OF \$17,980.00, TO VONWIN CAPITAL
MANAGEMENT, LP**

To Transferor:

FCMA, LLC
Gerald J. Ghinelli, Managing Member
430 Commerce Blvd.
Carlstadt, NJ 07072

PLEASE TAKE NOTICE that the transfer of \$17,980.00 of the above-captioned §503 (b) (9) claim has been transferred to:

Transferee:

VonWin Capital Management, LP
Attn: Roger Von Spiegel, Managing Director
261 Fifth Avenue, 22nd Floor
New York, NY 10016

The evidence of transfer of claim is attached hereto. A copy of the proof of claim is attached.

If your objection is not timely filed, the transferee will be substituted in your place as the claimant on our records in this proceeding.

(FOR CLERK'S OFFICE USE ONLY):

This notice was mailed to the first named party, by first class mail, postage prepaid on _____, 2009.

INTERNAL CONTROL NO. _____

Copy: (check) Claims Agent ☐ Transferee ☐ Debtors's Attorney ☐

Deputy Clerk

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA

In re:

CH-11 CIRCUIT CITY STORES, INC.

Debtor

Case No. 08-35653

Chapter 11

**NOTICE OF TRANSFER OF CLAIM
PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that any and all claims of FCMA LLC ("Assignor") that are scheduled by the Debtor(s) and or filed as an original or amended Proof of Claim and or filed as an original or amended §503(b)(9) Claim against the Debtor(s), including but not limited to the following:

§503(b)(9) Claim Amount	Claim No.
\$17,980.00	79

have been transferred and assigned to VonWin Capital Management, L.P. ("Assignee"). The signature of Assignor on this document is evidence of the transfer of the claims and all rights thereto.

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Assignee.

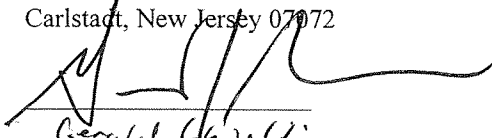
ASSIGNEE: VonWin Capital Management, L.P.

Address: 261 Fifth Avenue, 22nd Floor
New York, NY 10016

Signature: **Roger Von Spiegel**
Name: **Managing Director**
Title: _____
Date: _____

ASSIGNOR: FCMA, LLC

Address: 430 Commerce Blvd.
Carlstadt, New Jersey 07072

Signature: 
Name: **Gerald Girelli**
Title: **Managing Partner**
Date: **7-29-09**

United States Bankruptcy Court
Eastern District of Virginia
Richmond Division

COPY

DEADLINE FOR
FILING 503(b)(9)
CLAIMS

5:00 P.M. Pacific Time
December 19, 2008

Section 503(b)(9) Claim Request Form

Circuit City Stores, Inc., et al. Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue, El Segundo, CA 90245		Circuit City Stores, Inc., et al. Case Nos. 08-35653 through 08-35670 Chapter 11 Jointly Administered	
NOTE: Pursuant to an Order of the Bankruptcy Court in the above-referenced chapter 11 cases (see Docket No. 107), to have claims allowed as administrative expense under 11 U.S.C. § 503(b)(9), this form must be served upon Circuit City Stores, Inc., et al., Claims Processing, c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue, El Segundo, CA 90245 by December 19, 2008, the Bar Date for Section 503(b)(9) claims in the above-referenced cases. The form may be submitted in person or by regular mail, overnight mail, or hand delivery. Facsimile, email or electronic submissions will not be accepted. Requests shall be deemed filed when actually received by Kurtzman Carson Consultants LLC.			
Name and Address of Creditor: <i>(The person or other entity to whom the debtor owes money or property)</i> FCMA, LLC 430 COMMERCE BLVD CARLSTADT, NJ 07072 Telephone: 201-939-1400 Fax: 201-939-1422		<div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. </div> <div> <input type="checkbox"/> Check box if you have made any demand(s) to reclaim goods sold to the debtor under 11 U.S.C. § 546(c). (attach copies of any such demand(s)) </div> </div>	
Name and address where notices should be sent (if different from above) Telephone: _____ Fax: _____		<div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Check box if you have transferred the rights of your claim to any third party. If so please list name of transferee: _____ </div> <div> <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. </div> </div>	
Debtor against which claim is asserted: (Check one box below): <input checked="" type="checkbox"/> Circuit City Stores, Inc. (Tax I.D. No. 54-0493875) <input type="checkbox"/> Abbott Advertising, Inc. (Tax I.D. No. 54-1624659) <input type="checkbox"/> Circuit City Stores West Coast, Inc. (Tax I.D. No. 95-4460785) <input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Tax I.D. No. 54-1712821) <input type="checkbox"/> Circuit City Properties, LLC (Tax I.D. No. 54-0793353) <input type="checkbox"/> Patapsco Designs, Inc. (Tax I.D. No. 52-1086796) <input type="checkbox"/> Ventoux International, Inc. (Tax I.D. No. 20-1071838) <input type="checkbox"/> Sky Venture Corporation (Tax I.D. No. 54-1760311) <input type="checkbox"/> Prahls, Inc. (n/a) <input type="checkbox"/> XS Stuff, LLC (Tax I.D. No. 54-2029263) <input type="checkbox"/> Kinzer Technology, LLC (Tax I.D. No. 54-2022157) <input type="checkbox"/> Circuit City Purchasing Company, LLC (Tax I.D. No. 20-0995170) <input type="checkbox"/> Orbyx Electronics, LLC (Tax I.D. No. 20-1203360) <input type="checkbox"/> InterTAN, Inc. (Tax I.D. No. 75-2130875) <input type="checkbox"/> CC Aviation, LLC (Tax I.D. No. 20-5290841) <input type="checkbox"/> Courchevel, LLC (n/a) <input type="checkbox"/> Circuit City Stores PR, LLC (Tax I.D. No. 66-0695512) <input type="checkbox"/> Mayland MN, LLC (Tax I.D. No. 20-0896116)		ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 70801	
1. BASIS FOR CLAIM: Goods received by the Debtor within 20 days before the date of commencement of the case. Value of Goods: \$ 17,980.00		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
2. DATE OF SHIPMENT: 10/20/2008 METHOD OF SHIPMENT: Truck DATE OF RECEIPT: 10/23/2008 NAME OF CARRIER: Roadway PLACE OF DELIVERY: Circuit City #0775, 19925 Independence Blvd., Groveland, FL 34736		3. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ 17,980.00 <input type="checkbox"/> Check the box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.	
4. BRIEF DESCRIPTION OF CLAIM: Goods sold to debtor within the claim period in the ordinary course of business Describe goods sold: Blank recording media Attach support for your claim.			
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		FOR COURT USE ONLY <div style="text-align: center; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">NOV 24 2008</div> <div style="text-align: center; font-weight: bold;">KURTZMAN CARSON CONSULTANTS</div>	
6. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, or contracts. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Attachments must be printed on 8-1/2" by 11" paper.		7. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this claim request form.	
8. ORDINARY COURSE CERTIFICATION: By signing this claim request form, you are certifying that the goods for which payment is sought hereby, were sold to the debtor in the ordinary course of the debtor's business as required by 11 U.S.C. § 503(b)(9). Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		Date: 11-21-08 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)	